COUNTY OF LOS ANGELES AUDITOR-CONTROLLER TAX DIVISION

	TRANS	FER TAXES TO THE UN	SECURED ROLL REQUEST
Date of From:	(1) (Name) (Dept/Co.)		
Subject:	CHANGE ON PRO	PERTY LOCATED A	ROLL DUE TO SUBSEQUENT OWNERSHIP AT:
Due to change of ownership on (Date) (3)			from (seller)
AIN # (4) (TRA) (5) Same as a & sequence TAXPAYER I (9) (Name) (Address)	To (Buyer) Date	Sequence Note bill created (See ST o If yes, Date NSFER:	transfer the secured assessment o. (5) Roll Year (5) Tax Rate Area (FR) (6) Master parcel (if not the Prior request submitted for above parcel prior request submitted TAXES PAID: (10) Yes No Unknown If paid, by whom (Address) Note: Proof of tax payment Must be submitted.
Transfer to th	e Unsecured Roll:		
In the name of Last known a	f: (11) ddress		
FOR OFFICE USE ONLY (12) Yr/Seq, Disposition, Reason Yr/Seq, Disposition, Reason			

Mail to:

Auditor-Controller, Tax Division
Transfer Unit, Room 153
Kenneth Hahn Hall of Administration
500 West Temple St., Los Angeles, CA 90012-2766
Phone: (213) 974-8368, Fax: (213) 617-0592

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COUNTY OF LOS ANGELES AUDITOR-CONTROLLER

TRANSFER TAXES TO THE UNSECURED ROLL REQUEST

INSTRUCTIONS FOR FILING

- 1. Name and address of individual filing request for taxpayer. Leave blank if the request is submitted by the taxpayer.
- 2. Property or situs address.
- 3. Date taxpayer acquired the property.
- 4. The AIN number is the 10-digit Assessors Identification Number made up of the map book, page and parcel numbers.
- 5. Write the sequence number, roll year, and TRA for the tax bill that the taxpayer wants to transfer. If the taxpayer has a copy of the bill, the sequence and roll year are listed directly before the parcel number and the TRA directly after.
- 6. Indicate the date the bill was initially billed (if available). The bill date can be found on the Secured Tax Roll (STR).
- 7. If taxpayer's parcel is a condo, townhouse, parcel cut or parcel combine, include the master parcel that was deleted in order to create the new parcel(s). If the bill being investigated resulted from an escape assessment, include the 8900 number.
- 8. Indicate whether a previous transfer request has been submitted for the same year and sequence and if so the date the previous request was submitted.
- 9. Indicate the name, address, and telephone number of the taxpayer submitting the transfer request if different from #1 above.
- 10. Indicate (if known) whether the taxes have been paid.

 NOTE: If the taxes have been paid proof of payment (copies of the front and back of the check(s))
 must be included or the application will not be accepted. Proof of payment may consist of either the original or copies of one of the following: (1) tax receipt bearing the Tax Collector's "Paid" stamp, (2)
 front and back of cancelled check receipt(s), (3) money order receipt(s), (4) cashier's check
 receipt(s).
- 11. Name and address (if known) of taxpayer responsible for the tax bill. NOTE: If the taxpayer's new address is not indicated on the request, the unsecured bill will be sent to the property (situs) address.
- 12. To be completed by the Auditor-Controller's office.